FOR INSTRUCTIONS, SEE BACK O)RM

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FORM

DISCLOSURE SUMMARY PAGE DR-2 DISCLOSURE (Rev. 07/2004) REPORT COMMITTEE NAME (Must be same as on Statement of Organization) For Office Use Only 2 Comm. # Logged In IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party Scanned (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Computer Subdivision PAC (11) Local Ballot Issue Audited CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Candidate Name Late reports are subject to possible civil and criminal District (if Senate or House) penalties. Office Sought SIGNATURE OF PERSON FILING REPORT TELEPHONE REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A ___ Indicate by # (report date) Local Committees, enter Date of Election CHECK IF AMENDMENT TO REPORT DATED County & Local Committees, enter County in ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ **CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN** (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

Resea Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

WHOS' SHOWA HES LOCAL 33 PAC

SCHEDULE	·
Α	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
102403	ID# CK#	Uniternized contributions		\$ 148	
103103	ID# CK#	(1		298	
11-603	ID# CK#	()		55	
111203	ID# CK#	ч		55	
111303	ID# CK#	4		114	
112003	ID# CK#	(,		111	
112403	ID# CK#	l(42	
(12503	ID# CK#	Ч		57	
(130B)	ID# CK#	1/		275	
121003	ID# CK#	\(264	
			SUB-TOTAL	. 4110	

TOTAL ((1)

TOTAL (if last page of this schedule)

Page L of 2
(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

White Standitts Oad 33 PAC

SCHEDULE
A MONETARY
(Rev. 07/03) RECEIPTS
CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER		RESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11-6-03	ID# CK#	incorrect de	2posit		\$217535	
121003	ID# CK#	transfer-i	ncorrect		(217535)) [
121203	ID# CK#	unitemized	Contribution		19	
151000	CK#	K	11		202	
122403	ID# CK#	I.	4		118	
122903	ID# CK#	w	4		68	
123103		ų.	7		428	
123103	ID# CK#	h	b _t	1	4.00	
	ID# CK#		crops	not pa	nk	
	ID# CK#		state Cleo	runtil 1-1	dnt Ot.	
				SUB-TOTAL	239	

TOTAL (if last page of this schedule)

Page $\frac{2}{\text{(for Schedule A)}}$

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE B	MONETARY
i	(Rev. 07/03)	EXPENDITURES
		CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers & Steamfitters Local Union #33

AND PAC CHECK NUMBER					
1-14-03 CK# 1178 Own Gates for Mayor Ottumwa, IA 52501 S 200.00 S 200.00	DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE		
2-05-03 CK# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11-14-03		501 Wildwood Dr	political contribution	\$ 200.00
CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#	12-05-03		141 Hillcrest Rd	political-contribution	200.00
ID#		ID#			
CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#		CK#			
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		ID#			
SUB-TOTAL \$		CK#			
			description of the second of t	SUB-TOTAL	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

_	1		1	
Page		of	_	

\$ 400.00

TOTAL (if last page of this schedule)

FOR ;NSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

Reset Form	FORM	
	DR-2	DISCLOSURE
	(Rev. 07/2003)	REPORT
	For Office Use O Comm. #	nly 334
ndidate	Logged in LAS	

COMMITTEE NAME (Must be same as on Statement of Organ Plumbers & Steamfitters Local Union #33	nization)	-	(Rev. 07/2003) REPORT For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City C (8)Support Slate of Candidates	(4)County/Local Candidate central Committee		Comm. #
CANDIDATE COMMITTEES ONLY:			Audited
Candidate Name JAN 2 0 2004	Political Party		
Office Sought	District (if Senate or House)		
Thomas & Caillenais	515243-324	—) L	1-19.04
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE SIGNED
Late filed reports are subject to SEE INSTRUCTIONS ON BACK AND COMPLETE THE I AM FILING A (report date)	•	<u>:E:</u>	
Indicate one 📗		Local Co	ommittees, enter Date of Election
CHECK IF AMENDMENT TO REPORT DATED			
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss	olution is filed.) OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fire	the cash on hand at the end		2400.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind below)		2424.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)		
(Schedule H applies to Candidates' Comm	ittees Only)		
	SUB-TOT	'AL\$	4824.25
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans be	low)	400.00
Schedule F: Loan Repayments total (Attach Schedule	F)		
CASH ON HAND at the end of this reporting period (if final reporting period		\$	4424.25
**UNPAID BILLS (From Schedule D - Attach Schedule D)			
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	•		
CANDIDATE COMMITTEES ONLY:	· 1 /·····	Ф	
CONSULTANT REFAKTIOWN (Schedule C Attached?)			VES NO

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Plumbers & Steamfitters Local Union #33 PAC		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-24-2003	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		\$148.00	
10-31-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		298.00	
11-6-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		55.00	
11-12-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		55.00	
11-13-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		114.00	
11-20-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		281.00	
11-24-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		42 00	
11-25-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		57.00	
11-30-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		275.00	
12-10-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		264.00	
			SUB-TOTAL	1590 m	

TOTAL (if last page of this schedule)

(for Schedule A)

SCHEDULE

MONETARY

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	
, , , , , , , , , , , , , , , , , , ,	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Plumbers & Steamfitters Local Union #33 PAC	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11-6-03	ID#	Incorrect deposit		\$2175.35	
12-10-03	ID# CK#	transfer - incorrect deposit		(2175.35)	
12-12-03	ID# CK#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		19.00	
12-16-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		202.00	
12-24-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		118.00	
12-29-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		68.00	
12-31-03	ID#	unitemized contributions contributions are from Local #33 members which are less than \$25 a year		428.00	
	ID# CK#				
	ID#				
	ID# CK#				
	<u> </u>		SUB-TOTAL	\$ 835.00	

TOTAL (if last page of this schedule)

of (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

			-	
COMMITTEE NAME	(Must be	same as or	n Statement (of Organization)

Plumbers & Steamfitters Local Union #33

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE		
	ID#			
11-14-03	CK#1178	Van Gates for Mayor 501 Wildwood Dr Ottumwa, IA 52501	political contribution	\$ 200.00
	ID#	lowans for Vilsack & Pedersen	political contribution	
12-05-03	CK#	141 Hillcrest Rd Waterloo, IA 50701		200.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
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	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 400.00

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	_	of